COMMERCIAL VEHICLE MILEAGE & EXPENSE REPORT

Submission Date: _____

DRIVER & TRIP INFORMATION

DRIVER NAME

EMPLOYEE ID

DEPARTMENT

PERIOD START DATE

PERIOD END DATE

VEHICLE INFORMATION

VEHICLE MAKE/MODEL

LICENSE PLATE NO.

VIN / FLEET NO.

START ODOMETER

END ODOMETER

DATE	DESTINATION / BUSINESS PURPOSE	ODOMETER READING			EXPENSES ($)					TOTAL COST
		START	END	TOTAL MILES	FUEL	TOLLS	PARKING	MAINT.	OTHER	

DATE	DESTINATION / BUSINESS PURPOSE	ODOMETER READING			EXPENSES ($)					TOTAL COST
		START	END	TOTAL MILES	FUEL	TOLLS	PARKING	MAINT.	OTHER	
Totals										

Total Mileage Reimbursement	
Total Receipts/Expenses	
Total Reimbursement Due	

DRIVER SIGNATURE & DATE

APPROVER SIGNATURE & DATE